

DROP-OFFS

Date Dropped Off: _____ 20____ NAME(S): _____

Change of Address: Yes or No

Street or P.O. _____ City _____ State _____ Zip _____

Phone #(S): _____ Best Time to Call: _____ a.m./p.m.

E-mail Address: _____

Have your dependents changed from last tax season? YES or NO

(If you are divorced or legally separated, are you the custodial parent?)

NAME: _____

D.O.B.: ___/___/_____

S.S.N.: _____
(we will need a copy)

DIRECT DEPOSIT OF REFUND: YES NO
(If Changed)

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

SAVINGS OR CHECKING (Circle One)

ADJUSTMENTS TO INCOME (CHARITABLE CONTRIBUTIONS)

Did you (or you and your spouse if filing jointly) make a cash contribution to organizations that are religious, charitable, educational, scientific, or literary in purpose?

If yes, write the total amount \$_____ of your contributions. (*You may have to provide proof*)

HEALTH INSURANCE ACQUIRED THROUGH THE MARKETPLACE/EXCHANGE

Did you, your spouse or a dependent enroll in health insurance through the marketplace/exchange? Please circle one. If yes, we will need a copy of your Form 1095-A (Health Insurance Marketplace Statement)

YES NO

ECONOMIC IMPACT PAYMENTS (STIMULUS)

Did you receive the first stimulus payment (EIC1):

YES Amount \$_____ (*total for you and your spouse if filing jointly*)

NO

Did you receive the second stimulus payment (EIC2):

YES Amount \$_____ (*total for you and your spouse if filing jointly*)

NO

FINANCIAL INTEREST IN ANY VIRTUAL CURRENCY

Did you or your spouse at any time during 20____, receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency (i.e. Bitcoin, Ether, Roblox, V-bucks, etc.?) Please circle one.

YES NO